S.B. NO. 2719

JAN 25 2010

A BILL FOR AN ACT

RELATING TO PSYCHOTROPIC MEDICATION.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. The purpose of this Act is to improve patient health and safety by preventing unintended and inappropriate psychotropic polypharmacy (which means taking multiple psychotropic medications at the same time), increase access to prescription medications, and promote the efficient use of limited resources by controlling rising prescription drug expenditures without negative impact on health outcomes.

Evidence demonstrates that more health care may not necessarily be better, and that effectiveness and efficiency are not mutually exclusive. Health policy leaders understand that it is important to pay for services that improve health outcomes and avoid paying for ineffective, potentially harmful, or wasteful services.

Prescription drugs are the fastest growing health care cost, with psychotropic medications as the leading drug expenditure in the Medicaid program. Patients with behavioral health disorders are a particularly vulnerable population and often require prescription drugs to treat their conditions.

These patients deserve to have access to effective medications, and they would also benefit from the necessary management to ensure health and safety.

Systematic reviews completed by federal evidence-based practice centers on atypical antipsychotics for schizophrenia and bipolar disorder and on second-generation antidepressants for depression and anxiety, overall, found comparable effectiveness among drugs within a class.

Generic medications are becoming increasingly available. The currently available generic atypical antipsychotics are risperidone (Risperdol) and clozapine (Clozaril); olanzapine (Zyprexa), quetiapine (Seroquel), and ziprasidone (Geodon) have tentative approval for generic products. The second generation antidepressants fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), citalopram (Celexa), venlavaxine (Effexor), fluvoxamine (Luvox), bupropion (Wellbutrin), mirtazapine (Remeron), and nefazadone (Serzone) are available as generics.

The United States Food and Drug Administration requires that generic medications demonstrate bioequivalence with the brand name product in order to receive approval.

Psychotropic medications are being inappropriately prescribed. A recent study in the Journal of the American

Medical Association found that antidepressants are not effective for mild depression, and a Food and Drug Administration advisory panel criticized the overprescribing of antipsychotics for children. Antipsychotic medications can have severe physical side effects, causing drastic weight gain and metabolic changes resulting in lifelong problems.

It is also important for patient safety to prevent psychotropic polypharmacy and prescribing at doses in excess of those approved. Outpatients may see different providers and unknowingly receive multiple psychotropic prescriptions. Studies have found that more than half of nursing home residents receiving antipsychotics were given doses that exceeded recommended maximum levels, received duplicative therapy, or had conditions, like memory problems or depression, for which such drugs are considered inappropriate.

The available evidence for psychotropic medications demonstrates the comparative effectiveness of drugs within a class and the safety problems associated with their overprescribing. Unlimited and unmanaged prescribing places this vulnerable population at further risk and is wasteful.

The amendments proposed in this Act are intended to continue to provide access to medically necessary psychotropic medications while improving safety and cost-effectiveness.

SECTION 2. Section 346-59.9, Hawaii Revised Statutes, is amended to read as follows:

"**§346-59.9 Psychotropic medication.** (a) The department shall not impose any restriction or limitation on the coverage for, or a recipient's access to, psychotropic medication[~~, provided that the psychotropic medication shall be prescribed by a psychiatrist, physician, or an advanced practice registered nurse with prescriptive authority under chapter 457, duly licensed in the State.~~] in the QUEST, QUEST Expanded Access, and fee-for-service medicaid programs as follows:

(1) The continued use of a currently prescribed generic or brand name antipsychotic medication, to avoid disrupting stabilization of the recipient; and

(2) Any new generic psychotropic medication.

[~~(b) The department shall report to the legislature no later than twenty days before the convening of each regular session on:~~

~~(1) The number of prescriptions written pursuant to this section;~~

~~(2) The cost and impact of psychiatrists, physicians, or advanced practice nurses prescribing medications, pursuant to this section, that are not part of the existing formulary; and~~

~~(3) The overall use of psychotropic medication under chapter 346.~~]

(b) For any new psychotropic medication prescription, the department shall be allowed to implement the following evidence-based measures in the QUEST, QUEST Expanded Access, and fee-for-service medicaid programs:

(1) Claims edits, prior authorizations, and other measures to prevent ineffective or potentially harmful psychotropic polypharmacy; and

(2) Step therapy, except as described in (a)(2), within the therapeutic class, while ensuring access to medically necessary psychotropic medications.

(c) All psychotropic medications covered by this section shall be prescribed by a psychiatrist, a physician, or an advanced practice registered nurse with prescriptive authority under chapter 457, duly licensed in the State.

[~~(c)~~] (d) As used in this section, "psychotropic medication" means only those agents approved by the United

States Food and Drug Administration for the treatment of mental or emotional disorders."

SECTION 3. Statutory material to be repealed is bracketed and stricken. New statutory material is underscored.

SECTION 4. This Act shall take effect on July 1, 2010.

INTRODUCED BY: _____

BY REQUEST

S.B. NO. 2719

Report Title:
Psychotropic Medication

Description:
Allows the Department of Human Services to improve the safety and cost-effectiveness of psychotropic medication use.

SB. NO. 2719

JUSTIFICATION SHEET

DEPARTMENT: Human Services

TITLE: A BILL FOR AN ACT RELATING TO PSYCHOTROPIC MEDICATION.

PURPOSE: To improve patient health and safety by preventing unintended and inappropriate psychotropic polypharmacy, increase access to prescription medications, and promote the efficient use of limited resources by controlling rising prescription drug expenditures without a negative impact on health outcomes.

MEANS: Amend section 346-59.9, Hawaii Revised Statutes.

JUSTIFICATION: This bill will improve the health and safety of low-income individuals with mental health problems who take psychotropic medications by preventing inappropriate polypharmacy and overprescribing.

This bill will also promote the efficient use of limited resources by achieving the same health outcomes at a lower cost. The evidence is clear that psychotropic medications are comparably effective within a class. Currently, patients have access to all brand name psychotropic medications when comparatively effective and less expensive generics are available.

Allowing the use of comparatively effective psychotropic medications in the same therapeutic class will eliminate the waste of resources incurred by overspending for expensive medications that are no more effective than less expensive medications. This bill would help control rising prescription drug expenditures without negative impact on health outcomes.

Impact on the public: Public safety would be enhanced. Psychotropic medications are being inappropriately prescribed. A recent study in the Journal of the American Medical Association found that antidepressants are not effective for mild depression, and a Food and Drug Administration advisory panel criticized the overprescribing of antipsychotics for children. Antipsychotic medications can have severe physical side effects, causing drastic weight gain and metabolic changes resulting in lifelong problems.

The health and safety of low-income children with mental health problems would also be improved by reducing inappropriate prescribing of potentially harmful medications for which a United States Food and Drug Administration advisory committee is seeking new label warnings.

Impact on the department and other agencies: Allowing increased prescribing of comparably effective medications reduces expenditures without impacting health outcomes. Controlling prescription costs through this measure reduces the need to decrease expenditures in other areas that might adversely impact health outcomes and improves the ability to increase access to prescription medications for those in programs with limited coverage.

GENERAL FUND: $430,000 in savings.

OTHER FUNDS: None.

PPBS PROGRAM DESIGNATION: HMS 401

OTHER AFFECTED AGENCIES: Department of Health, Adult Mental Health Division

EFFECTIVE DATE: July 1, 2010.